Case 15-30667 Doc 1 Filed 09/08/15 Entered 09/08/15 15:28:58 Desc Main Document Page 1 of 52

| United States Bankruptcy Court Northern District of Illinois | | | | | | Voluntary | Petition | |
|---|--|---|-------------------------------------|--|---|--|--|---------------------------------|
| Name of Debtor (if individual, enter Last, First, Bradley, Shenika L | | Name | of Joint De | ebtor (Spouse) |) (Last, First | , Middle): | | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | | | | used by the J maiden, and | | in the last 8 years): | |
| Last four digits of Soc. Sec. or Individual-Taxpa (if more than one, state all) | yer I.D. (ITIN)/Com | plete EIN | Last fo | our digits of than one, state | f Soc. Sec. or | Individual- | Taxpayer I.D. (ITIN) No | o./Complete EIN |
| Street Address of Debtor (No. and Street, City, a 1599 California Ave Joliet, IL | nd State): | ZID Code | Street | Address of | Joint Debtor | (No. and St | reet, City, and State): | ZID Code |
| | Γ | ZIP Code 60432 | 1 | | | | | ZIP Code |
| County of Residence or of the Principal Place of Will | | 30 102 | Count | y of Reside | ence or of the | Principal Pl | ace of Business: | |
| Mailing Address of Debtor (if different from stre | et address): | | Mailir | g Address | of Joint Debto | or (if differe | nt from street address): | |
| | Γ | ZIP Code | | | | | | ZIP Code |
| Location of Principal Assets of Business Debtor (if different from street address above): | | | | | | | | |
| Type of Debtor (Form of Organization) (Check one box) | | of Business | | | | | ptcy Code Under Whice iled (Check one box) | :h |
| Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. □ Corporation (includes LLC and LLP) □ Partnership □ Other (If debtor is not one of the above entities, check this box and state type of entity below.) Chapter 15 Debtors Country of debtor's center of main interests: | | eal Estate as de 101 (51B) oker mpt Entity | efined | Chapt Chapt Chapt Chapt Chapt | er 7 er 9 er 11 er 12 er 13 | Cof | hapter 15 Petition for R f a Foreign Main Procee hapter 15 Petition for R f a Foreign Nonmain Procee e of Debts k one box) | eding ecognition oceeding |
| Each country in which a foreign proceeding by, regarding, or against debtor is pending: | Debtor is a tax-ex under Title 26 of Code (the Interna | the United State | es : | defined "incurr | are primarily co I in 11 U.S.C. § ed by an indivi- nal, family, or l | 101(8) as dual primarily household pur | busing for rpose." | are primarily ess debts. |
| ☐ Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. ☐ Del Check if: ☐ Del Che | | | | regate nonco \$2,490,925 (as boxes: | debtor as defin ness debtor as d ntingent liquida | efined in 11 U | | |
| attach signed application for the court's consideration | on. See Official Form 3 | I LI Acc | | | vere solicited process. S.C. § 1126(b). | | n one or more classes of cre | |
| Statistical/Administrative Information ☐ Debtor estimates that funds will be available ☐ Debtor estimates that, after any exempt proper there will be no funds available for distribution | erty is excluded and | administrative | | es paid, | | THIS | S SPACE IS FOR COURT | USE ONLY |
| Estimated Number of Creditors | 1,000- 5,001- 5,000 10,000 | 10,001- 25 |] 5,001- 0,000 | 50,001- 100,000 | OVER 100,000 | | | |
| \$0 to \$50,001 to \$100,001 to \$500,001 \$ \$50,000 \$100,000 \$500,000 to \$1 | 51,000,001 \$10,000,001 to \$50 million | to \$100 to |] 100,000,001 \$500 illion | \$500,000,001 to \$1 billion | | | | |
| \$0 to \$50,001 to \$100,001 to \$500,001 \$ | \$1,000,001 \$10,000,001 to \$50 | |] 100,000,001 \$500 | \$500,000,001 to \$1 billion | More than \$1 billion | | | |

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Page 2 Name of Debtor(s): Voluntary Petition Bradley, Shenika L (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: ILNBKE 7/16/08 08-18284 Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Joseph Weiler September 8, 2015 Signature of Attorney for Debtor(s) (Date) Joseph Weiler 6301154 Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

B1 (Official Form 1)(04/13)

Voluntary Petition

1)(04/13)

(This page must be completed and filed in every case)

Name of Debtor(s): Bradley, Shenika L

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Shenika L Bradley

Signature of Debtor Shenika L Bradley

X.

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

September 8, 2015

Date

Signature of Attorney*

X /s/ Joseph Weiler

Signature of Attorney for Debtor(s)

Joseph Weiler 6301154

Printed Name of Attorney for Debtor(s)

THE SEMRAD LAW FIRM, LLC

Firm Name

20 S. Clark Street

28th Floor

Chicago, IL 60603

Address

Email: rsemrad@semradlaw.com

(312) 913 0625 Fax: (312) 913 0631

Telephone Number

September 8, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

X

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Northern District of Illinois

| In re | Shenika L Bradley | | Case No. | |
|-------|-------------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |
| | | | | |

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

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| B 1D (Official Form 1, Exhibit D) (12/09) - Cont. | Page 2 | | | | | |
|---|--|--|--|--|--|--|
| deficiency so as to be incapable of realizing a responsibilities.); □ Disability. (Defined in 11 U.S.C. § | 109(h)(4) as impaired by reason of mental illness or mental nd making rational decisions with respect to financial 109(h)(4) as physically impaired to the extent of being in a credit counseling briefing in person, by telephone, or | | | | | |
| □ Active military duty in a military co | ombat zone | | | | | |
| □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district. | | | | | | |
| I certify under penalty of perjury that the | information provided above is true and correct. | | | | | |
| Signature of Debtor: | /s/ Shenika L Bradley Shenika L Bradley | | | | | |
| Date: September 8, 20 | 015 | | | | | |

В

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B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Northern District of Illinois

| In re | Shenika L Bradley | | Case No. | |
|-------|-------------------|--------|----------|---|
| _ | | Debtor | | |
| | | | Chapter | 7 |
| | | | | |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|--|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property | Yes | 1 | 0.00 | | |
| B - Personal Property | Yes | 4 | 29,837.72 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | 14,321.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 12 | | 76,938.53 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 2 | | | 2,149.99 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 2 | | | 2,139.90 |
| Total Number of Sheets of ALL Schedu | ıles | 26 | | | |
| | T | otal Assets | 29,837.72 | | |
| | | | Total Liabilities | 91,259.53 | |

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B 6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Northern District of Illinois

| In re | Shenika L Bradley | | Case No. | |
|-------|-------------------|--------|----------|---|
| | | Debtor | | |
| | | | Chapter | 7 |

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. \S 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|-----------|
| Domestic Support Obligations (from Schedule E) | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00 |
| Student Loan Obligations (from Schedule F) | 55,580.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | 0.00 |
| TOTAL | 55,580.00 |

State the following:

| Average Income (from Schedule I, Line 12) | 2,149.99 |
|--|----------|
| Average Expenses (from Schedule J, Line 22) | 2,139.90 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 2,686.68 |

State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | 4,796.00 |
|--|------|-----------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | 0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | 0.00 |
| 4. Total from Schedule F | | 76,938.53 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | 81,734.53 |

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B6A (Official Form 6A) (12/07)

| In re | Shenika L Bradley | | Case No. | |
|-------|-------------------|--------|--------------|--|
| • | <u> </u> | Debtor | , | |

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property

Nature of Debtor's Interest in Property

Nature of Debtor's Wife, Joint, or Community

Nature of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption

Amount of Secured Claim

None

Sub-Total > 0.00 (Total of this page)

Total > 0.00

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

| In re | Shenika L Bradley | Case No | |
|-------|-------------------|---------|--|
| - | | Debtor | |

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| 1. Cash on hand X 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thirft, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. 3. Security deposits with public utilities, telephone companies, landlords, and others. 4. Household goods and furnishings, including audio, video, and computer equipment. 5. Books, pictures and other art objects, antiques, stamp, coin, resord, tape, compact disc, and other collections or collectibles. 6. Wearing apparel. Used Clothes Used Clothes - 500.00 Furs and jewelry. X 8. Firearms and sports, photographic, and other hobby equipment. X Name insurance company of each policy and itemize surrender or refund value of each. Name insurance company of each policy and itemize surrender or refund value of each. Name insurance company of each policy and itemize surrender or refund value of each issuer. | | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption |
|--|----|--|------------------|--------------------------------------|---|--|
| accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. Security deposits with public utilities, telephone companies, landlords, and others. Household goods and furnishings, including audio, video, and computer equipment. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. Wearing apparel. Used Clothes John Clothes Solo.00 Valued Clothes Solo.00 Valued Clothes Solo.00 Valued Clothes Solo.00 Valued Clothes Valued Cloth | 1. | Cash on hand | Χ | | | |
| utilities, telephone companies, landlords, and others. 4. Household goods and furnishings, including audio, video, and computer equipment. 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. 6. Wearing apparel. Clade Clothes Source Value Clothes Source Source Lised Clothes Source Lised Clothes Source Lised Clothes And other hobby equipment. X And other hobby equipment. And other hobby equipment or refund value of each. X Annuities. Itemize and name each issuer. | 2. | accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or | Chase | e Bank-Checking | - | 5.00 |
| including audio, video, and computer equipment. 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. 6. Wearing apparel. 7. Furs and jewelry. 8. Firearms and sports, photographic, and other hobby equipment. 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. 10. Annuities. Itemize and name each issuer. | 3. | utilities, telephone companies, | X | | | |
| objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. 6. Wearing apparel. Used Clothes - 500.00 7. Furs and jewelry. X 8. Firearms and sports, photographic, and other hobby equipment. 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. 10. Annuities. Itemize and name each issuer. | 4. | including audio, video, and | Used | Furniture | - | 550.00 |
| 7. Furs and jewelry. X 8. Firearms and sports, photographic, and other hobby equipment. X 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. 10. Annuities. Itemize and name each issuer. X | 5. | objects, antiques, stamp, coin, record, tape, compact disc, and | X | | | |
| 8. Firearms and sports, photographic, and other hobby equipment. 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. 10. Annuities. Itemize and name each issuer. | 6. | Wearing apparel. | Used | Clothes | - | 500.00 |
| and other hobby equipment. 9. Interests in insurance policies. X Name insurance company of each policy and itemize surrender or refund value of each. 10. Annuities. Itemize and name each issuer. | 7. | Furs and jewelry. | Χ | | | |
| Name insurance company of each policy and itemize surrender or refund value of each. 10. Annuities. Itemize and name each issuer. | 8. | Firearms and sports, photographic, and other hobby equipment. | X | | | |
| issuer. | 9. | Name insurance company of each policy and itemize surrender or | X | | | |
| Sub-Total > 1,055.00 | 10 | | X | | | |
| Sub-Total > 1,055.00 | | | | | | |
| (Total of this page) | | | | | | al > 1,055.00 |

3 continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Shenika L Bradley | Case No | |
|-------|-------------------|---------|--|
| - | • | | |

Debtor

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption |
|-----|---|--|---|---|--|
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | Х | | | |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | 401k Throu | gh Work | - | 1,500.00 |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize. | program th | Spot Ownership Program) Company Stock rough work(no deductions from pay for stock t). Just Started. | - | 757.72 |
| 14. | Interests in partnerships or joint ventures. Itemize. | Χ | | | |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 16. | Accounts receivable. | Χ | | | |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | 2 Ongoing Attorney fro Bryan Shel 815-726-99 | | - | 10,000.00 |
| | | Personal Ir Attorney fo Bryan Shel 815-726-99 | Debtor: | - | 5,000.00 |
| | | | (Total | Sub-Tota of this page) | al > 17,257.72 |

Sheet 1 of 3 continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Shenika L Bradley | Case No |
|-------|-------------------|---------|
| | | |

Debtor

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption |
|-----|---|------------------|---|---|--|
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | Х | | | |
| 22. | Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. | Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories. | 2002 (| Chevrolet Malibu=97,000 Miles chevroley Trailblazer-about 200,00 Miles(sold to atrick back in 2013, but forgot to transfer the title. | - | 9,525.00 2,000.00 |
| 26. | Boats, motors, and accessories. | X | | | |
| 27. | Aircraft and accessories. | Χ | | | |
| 28. | Office equipment, furnishings, and supplies. | Χ | | | |
| 29. | Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. | Inventory. | X | | | |
| 31. | Animals. | X | | | |
| 32. | Crops - growing or harvested. Give particulars. | Χ | | | |
| 33. | Farming equipment and implements. | X | | | |
| 34. | Farm supplies, chemicals, and feed. | X | | | |
| | | | (Total | Sub-Tota of this page) | al > 11,525.00 |

Sheet 2 of 3 continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Shenika L Bradley | Case No |
|-------|-------------------|----------|
| _ | | Debtor , |

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|------------------|------------------|--------------------------------------|---|---|
|------------------|------------------|--------------------------------------|---|---|

35. Other personal property of any kind X not already listed. Itemize.

Sub-Total > (Total of this page)

Total > 29,837.72

(Report also on Summary of Schedules)

0.00

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B6C (Official Form 6C) (4/13)

| In re | Shenika L Bradley | Case No | |
|-------|-------------------|---------|--|
| | | Debtor | |

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: (Check one box) ☐ 11 U.S.C. §522(b)(2) ☐ 11 U.S.C. §522(b)(3) | \$155,675. (Amo | | temption that exceeds /1/16, and every three years thereaften or after the date of adjustment.) |
|---|-----------------|----------|---|
| | G :C I D :1: | Value of | Current Value of |

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|--|---|----------------------------------|---|
| Checking, Savings, or Other Financial Accounts, Certichase Bank-Checking | ficates of Deposit 735 ILCS 5/12-1001(b) | 5.00 | 5.00 |
| Household Goods and Furnishings Used Furniture | 735 ILCS 5/12-1001(b) | 550.00 | 550.00 |
| Wearing Apparel Used Clothes | 735 ILCS 5/12-1001(a) | 500.00 | 500.00 |
| Interests in IRA, ERISA, Keogh, or Other Pension or F 401k Through Work | Profit Sharing Plans 735 ILCS 5/12-1006 | 1,500.00 | 1,500.00 |
| Stock and Interests in Businesses (Employee Spot Ownership Program) Company Stock program through work(no deductions from pay for stock program yet). Just Started. | 735 ILCS 5/12-1001(b) | 757.72 | 757.72 |
| Contingent and Non-contingent Interests in Estate of a 2 Ongoing Workers Compensation Cases: Attorney fro Debtor: Bryan Shell | <u>a Decedent</u> 820 ILCS 305/21 | 10,000.00 | 10,000.00 |
| 815-726-9999 Personal Injury case: Attorney for Debtor: Bryan Shell 815-726-9999 | 735 ILCS 5/12-1001(h)(4) | 5,000.00 | 5,000.00 |
| Automobiles, Trucks, Trailers, and Other Vehicles 2002 chevroley Trailblazer-about 200,00 Miles(sold to Joh Patrick back in 2013, but forgot to transfer the title. | 735 ILCS 5/12-1001(b) | 2,000.00 | 2,000.00 |

| TC - 1 | 00 040 70 | 00 040 70 |
|--------|-----------|-----------|
| Total: | 20 312 72 | 20131272 |
| | | |

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B6D (Official Form 6D) (12/07)

| In re | Shenika L Bradley | | Case No. |
|-------|-------------------|--------|----------|
| | | Debtor | |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| | | | | _ | | | |
|--|---------------------------------------|--|-----------|------------------|-----------|--|---------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C C C C C C C C C C C C C C C C C C C | NATURE OF LIEN, AND DESCRIPTION AND VALUE | CONTINGEN | U I D | ΙDΙ | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
| Account No. 9011726501 | | Opened 3/01/13 Last Active 8/07/15 | Т | A T E D | | | |
| Southern Automotive Fi 6700 N Andrews Ave Ste 5 Fort Lauderdale, FL 33309 | - | Automobile PMSI 2011 Chevrolet Malibu=97,000 Miles | | | | | |
| | | Value \$ 9,525.00 | | | | 14,321.00 | 4,796.00 |
| Account No. | | Value \$ | | | | | |
| | | Value \$ | \dashv | | | | |
| Account No. | | Volva ¢ | | | | | |
| | | value \$ | Sub | tot | | | |
| continuation sheets attached | | (Total of | | | | 14,321.00 | 4,796.00 |
| | | (Report on Summary of | | Γota dule | | 14,321.00 | 4,796.00 |
| Account No. | | Value \$ Value \$ (Total of | 7 | pag Γota | ge) al | | |

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B6E (Official Form 6E) (4/13)

| • | | | |
|-------|-------------------|----------|--|
| In re | Shenika L Bradley | Case No. | |
| - | | Debtor , | |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to

| priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report the total also on the Statistical Summary of Certain Liabilities and Related Data. |
|--|
| ■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) |
| ☐ Domestic support obligations |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relat of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). |
| ☐ Extensions of credit in an involuntary case |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3). |
| ☐ Wages, salaries, and commissions |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent salar representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| ☐ Contributions to employee benefit plans |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). |
| ☐ Certain farmers and fishermen |
| Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). |
| ☐ Deposits by individuals |
| Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). |
| ☐ Taxes and certain other debts owed to governmental units |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). |
| ☐ Commitments to maintain the capital of an insured depository institution |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Feder Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). |
| ☐ Claims for death or personal injury while debtor was intoxicated |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). |

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

| In re | Shenika L Bradley | Case No. | |
|-------|-------------------|----------|--|
| _ | | Debtor | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| — Check and con it decid has no creation holding unsecut | | | is to report on and benedule 1. | | | | | |
|---|----------|-------------|----------------------------------|---------------|---------------|--------|-----------|-----------------|
| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | ç | Ų | DI | ٦Т | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J H H | | CONFINGEN | ∟ ∠0⊃_ | SPUTED | S J | AMOUNT OF CLAIM |
| Account No. xx3407 | | | Medical | I T I | D A T E D | | Ī | |
| A/r Concepts 18-3 E Dundee Rd Barrington, IL 60010 | | _ | | | D | | | 1,229.00 |
| Account No. xx3398 | | | Medical | Н | \exists | r | † | |
| A/r Concepts 18-3 E Dundee Rd Barrington, IL 60010 | | - | | | | | | 75.00 |
| Account No. | | | Notice Only | H | \dashv | H | \dagger | |
| Asset Recovery 2200 E Devon Ste 200 Des Plaines, IL 60018 | | - | | | | | | 0.00 |
| AAN- | _ | | Madical Dill | Ш | \vdash | Ļ | 4 | 0.00 |
| Associated Radiologists of Joliet 6801 W 73rd St # 637 Bedford Park, IL 60499 | | - | Medical Bill | | | | | 48.00 |
| 11 continuation sheets attached | | | S (Total of t | Subt his p | | |) | 1,352.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Shenika L Bradley | | Case No. | |
|-------|-------------------|--------|----------------|--|
| _ | | Debtor | - ' | |

| | _ | 11 | should Wife Islant on Community | | <u> </u> | | _ | |
|--|----------|------------------|---|-------------------|-----------|-------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AI CONSIDERATION FOR CLAIM. IF CI IS SUBJECT TO SETOFF, SO STAT | LAIM | CONTINGEN | UNLIQUIDA | DISPUTED | AMOUNT OF CLAIM |
| Account No. | | | Medical Bill | | Т | A T E | | |
| BMI Surgery 1890 Silver Cross BLVD Suite 260 New Lenox, IL 60451 | | - | | | | D | | 379.26 |
| Account No. | | | Medical Bill | | | | | |
| BMI Surgery 1890 Silver Cross BLVD Suite 260 New Lenox, IL 60451 | | - | | | | | | 1,046.00 |
| Account No. | \vdash | | Medical Bill | | ┢ | | | |
| Cardiology interpretation II 2801 Black Road Suite A Joliet, IL 60435 | | - | | | | | | 25.00 |
| Account No. xxxxxxxxxxx2986 Comenity Bank/Torrid Attention: Bankruptcy Po Box 182125 Columbus, OH 43218 | | - | Opened 2/01/15 Last Active 6/12/15 Charge Account | | | | | 351.00 |
| Account No. xxxxxxxxxxxx9672 Comenity Bank/vctrssec Po Box 182789 Columbus, OH 43218 | | - | Opened 2/01/15 Last Active 5/15/15 Charge Account | | | | | 367.00 |
| Sheet no1 of _11_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (| S (Total of tl | | tota pag | | 2,168.26 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Shenika L Bradley | Case No. | |
|-------|-------------------|----------|--|
| - | | Debtor | |

| | 1. | 1 | 1 | | | _ | |
|---|----------|------------------------|---|------------|----------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu H W J C | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONF_NGENT | 0112012C | DISPUTED | AMOUNT OF CLAIM |
| Account No. xxx4202 | | | Opened 9/01/10 | Т | TE | | |
| Credit Management Syst 7017 John Deere Pkwy Moline, IL 61265 | | - | Collection Attorney Health Service Systems Inc. | | ט | | 57.00 |
| Account No. | | | Medical Bill | | | | |
| creditors collection PO box 63 Kankakee, IL 60901 | | - | | | | | 571.26 |
| Account No. xxx5755 Creditors Collection B 755 Almar Pkwy Bourbonnais, IL 60914 | | - | Opened 8/01/13 Collection Attorney Bmi Surgery S.C. | | | | |
| Account No. xxx2502 | L | | Opened 40/04/00 Least Astive 5/46/42 | | | | 200.00 |
| Creditors Collection B 755 Almar Pkwy Bourbonnais, IL 60914 | | - | Opened 10/01/09 Last Active 5/16/13 Collection Attorney Bmi Surgery S.C. | | | | 135.00 |
| Account No. xxx9162 | T | | Opened 11/01/11 | | | | |
| Creditors Collection B 755 Almar Pkwy Bourbonnais, IL 60914 | | - | Collection Attorney Associated Radiologists Of Jol | | | | 89.00 |
| Sheet no. 2 of 11 sheets attached to Schedule of | | | | ubt | | | 1,052.26 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of th | ns I | pag | e) | |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Shenika L Bradley | Case No. | |
|-------|-------------------|----------|--|
| - | | Debtor | |

| | | | | _ | _ | _ | <u> </u> |
|--|----------|----------|--------------------------------------|----------|--------------|----------|-----------------|
| CREDITOR'S NAME, | CO | Hus | sband, Wife, Joint, or Community | CONT | U | DISPUTED | |
| MAILING ADDRESS | Ď | н | DATE OF AIM WAS DISCURDED AND | Ϊ́ν | ļĿ | S | |
| INCLUDING ZIP CODE, | I E B | W | DATE CLAIM WAS INCURRED AND | Η'n | 16 | ۱ü | |
| AND ACCOUNT NUMBER | Ţ | J | CONSIDERATION FOR CLAIM. IF CLAIM | | Įũ | Ĭ | AMOUNT OF CLAIM |
| (See instructions above.) | CODEBTOR | С | IS SUBJECT TO SETOFF, SO STATE. | G | I D | E | |
| Account No. xxx0172 | \vdash | \vdash | Opened 5/01/11 Last Active 10/31/11 | NG E N T | UNLIQUIDATED | | |
| Account No. AAAO172 | ł | | Collection Attorney Bmi Surgery S.C. | | E D | | |
| Creditors Collection B | | | , , , | | | | |
| 755 Almar Pkwy | | _ | | | | | |
| | | | | | | | |
| Bourbonnais, IL 60914 | | | | | | | |
| | | | | | | | 50.00 |
| Account No. | | | Presence St. Joseph medical Center | | T | | |
| Creditors Collection Bureau | | | | | | | |
| | | | | | | | |
| P.O. Box 63 | | - | | | | | |
| Kankakee, IL 60901-0063 | | | | | | | |
| | | | | | | | |
| | | | | | | | 394.99 |
| Account No. xxx0660 | t | \vdash | Medical | + | t | + | |
| THEODIN THE AMOUNT | ł | | Wodiodi | | | | |
| Credtrs Coll | | | | | | | |
| Pob 63 | | - | | | | | |
| | | | | | | | |
| Kankakee, IL 60901 | | | | | | | |
| | | | | | | | |
| | | | | | | | 257.00 |
| Account No. | | | Medical Bill | | T | | |
| | 1 | | | | | | |
| EM Strategies | | | | | | | |
| PO Box 366 | | - | | | | | |
| Hinsdale, IL 60522 | | | | | | | |
| - miodaio, 12 00022 | | | | | | | |
| | | | | | | | 83.00 |
| Aggount No. | \vdash | | Modical Pill | + | ╀ | + | 63.00 |
| Account No. | l | | Medical Bill | | | | |
| EMP of Will County | | | | | | | |
| PO Box 637527 | | | | | 1 | 1 | |
| | | | | | 1 | 1 | |
| Cincinnati, OH 45263 | | | | | | | |
| | | | | | 1 | 1 | |
| | | | | | | | 32.69 |
| Sheet no. 3 of 11 sheets attached to Schedule of | | | | Sub | tot | al | |
| Creditors Holding Unsecured Nonpriority Claims | | | | | | | 817.68 |
| Creations from the Charles Charles Charles | | | (Total of | uns | pa | ge) | |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Shenika L Bradley | Case No |
|-------|-------------------|---------|
| | | Debtor |

| CREDITOR'S NAME, | Ç | Ηu | sband, Wife, Joint, or Community | | Ç | Ų | Þ | |
|---|----------|------------|---|------------|----------|-------------|----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J C | DATE CLAIM WAS INCURRED AN CONSIDERATION FOR CLAIM. IF CL. IS SUBJECT TO SETOFF, SO STATE | AIM | ONTINGEN | L Q | DISPUTED | AMOUNT OF CLAIM |
| Account No. | | | Medical Bill | |] | E | | |
| EMP of Will County PO Box 637527 Cincinnati, OH 45263 | | - | | | | D | | 47.87 |
| Account No. xxxx0586 | | | Opened 2/01/12 Collection Attorney Sprint | | | | | 47.07 |
| Enhanced Recovery Corp Attention: Client Services 8014 Bayberry Rd Jacksonville, FL 32256 | | - | | | | | | |
| | | | | | | | | 579.00 |
| Account No. xxxx9643 Enhanced Recovery Corp Attention: Client Services 8014 Bayberry Rd Jacksonville, FL 32256 | | - | Opened 12/01/13 Collection Attorney Tmobile | | | | | 200.00 |
| Account No. xxxx7522 | T | | 11 At T | | | t | | |
| Enhanced Recovery Corp Attention: Client Services 8014 Bayberry Rd Jacksonville, FL 32256 | | - | | | | | | 71.00 |
| Account No. xxx9881 | - | | Opened 8/01/12 Collection Attorney At T Mobility | | | | | |
| Eos Cca Po Box 981008 Boston, MA 02298 | | - | | | | | | |
| | | | | | | | | 1,667.00 |
| Sheet no4 of _11_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | Г) | Sotal of t | | tota pag | | 2,564.87 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Shenika L Bradley | Case No. | |
|-------|-------------------|----------|--|
| - | | Debtor | |

| | - | | | - | 1 | - | |
|---|----------|-------------|---|-----------|----------|----------|-----------------|
| CREDITOR'S NAME, | CO | Hu | sband, Wife, Joint, or Community | 16 | U | P | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J M H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | IО | ISPUTED | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxx7269 | | | Opened 1/03/07 Last Active 1/25/07 | ٦т | T | | |
| Hsbc/tax Po Box 9068 Brandon, FL 33509 | | - | Unsecured | | D | | 0.00 |
| Account No. | | | Medical Bill | - | \vdash | | 0.00 |
| lockport Fire Protection PO Box 457 Wheeling, IL 60090 | | - | | | | | 1,557.75 |
| Account No. xxxxx1435 | \vdash | \vdash | Opened 2/01/10 | + | + | \vdash | |
| Med Business Bureau Po Box 1219 Park Ridge, IL 60068 | | - | Collection Attorney Medical | | | | 228.00 |
| Account No. xxxxx2654 | | | Opened 9/01/09 | | | | |
| Med Business Bureau Po Box 1219 Park Ridge, IL 60068 | | _ | Collection Attorney Medical | | | | 217.00 |
| Account No. xxxx3415 | | | Opened 12/01/12 | | t | | |
| Med Business Bureau Po Box 1219 Park Ridge, IL 60068 | | - | Collection Attorney Medical | | | | 154.00 |
| Sheet no5 of _11 sheets attached to Schedule of | • | _ | | Sub | | | 2,156.75 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | this | pag | ge) | 2,150.75 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Shenika L Bradley | Case No. | |
|-------|-------------------|----------|--|
| - | | Debtor | |

| Account No. xxxxx1968 Med Business Bureau Po Box 1219 Park Ridge, IL 60068 Account No. xxxxx2184 Opened 2/01/12 Collection Attorney Medical Opened 5/01/10 Collection Attorney Medical | T OF CLAIM |
|--|------------|
| Med Business Bureau Po Box 1219 Park Ridge, IL 60068 Account No. xxxxx2184 Opened 5/01/10 Collection Attorney Medical Med Business Bureau Po Box 1219 Opened 5/01/10 Collection Attorney Medical | |
| Med Business Bureau Po Box 1219 Park Ridge, IL 60068 Account No. xxxxx2184 Opened 5/01/10 Collection Attorney Medical Med Business Bureau Po Box 1219 - | 154.00 |
| Med Business Bureau Po Box 1219 Park Ridge, IL 60068 Account No. xxxxx2184 Opened 5/01/10 Collection Attorney Medical Med Business Bureau Po Box 1219 - | 154.00 |
| Med Business Bureau Po Box 1219 Park Ridge, IL 60068 Account No. xxxxx2184 Opened 5/01/10 Collection Attorney Medical Med Business Bureau Po Box 1219 - | 154.00 |
| Po Box 1219 Park Ridge, IL 60068 | 154.00 |
| Account No. xxxxx2184 Opened 5/01/10 Collection Attorney Medical Med Business Bureau Po Box 1219 Opened 5/01/10 Collection Attorney Medical | 154.00 |
| Med Business Bureau Po Box 1219 Collection Attorney Medical | 154.00 |
| Med Business Bureau Po Box 1219 Collection Attorney Medical | |
| Med Business Bureau Po Box 1219 | |
| Po Box 1219 | |
| | |
| Park Ridge, IL 60068 | |
| | |
| | 153.00 |
| Account No. xxxxx1859 Opened 1/01/10 | |
| Collection Attorney Medical | |
| Med Business Bureau | |
| Po Box 1219 Park Ridge, IL 60068 | |
| Park Ridge, IL 60066 | |
| | 83.00 |
| Account No. xxxxx2401 Opened 5/01/12 | |
| Collection Attorney Medical | |
| Med Business Bureau | |
| Po Box 1219 Park Ridge, IL 60068 | |
| | |
| | 83.00 |
| Account No. Medical Bill | |
| Maridian Madical Associates | |
| Meridian Medical Associates 2100 Glenwood Ave | |
| Joliet, IL 60435 | |
| | |
| | 76.90 |
| Sheet no. 6 of 11 sheets attached to Schedule of Subtotal | 549.90 |
| Creditors Holding Unsecured Nonpriority Claims (Total of this page) | |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Shenika L Bradley | Case No | |
|-------|-------------------|---------|--|
| - | | Debtor | |

| | 1. | l i i | sband, Wife, Joint, or Community | 1. | 111 | <u> </u> | |
|---|----------|---------|---|------------|-------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UZLLQULDATE | S | AMOUNT OF CLAIM |
| Account No. | | | DirecTV | T | T E | | |
| NCO Financial Systems Inc 507 Prudential Road Horsham, PA 19044 | | - | | | D | | 318.66 |
| Account No. xxxxxx8241 | ╀ | - | Opened 11/01/11 | + | H | | |
| Northwest Collectors 3601 Algonquin Rd Ste 23 Rolling Meadows, IL 60008 | | - | Collection Attorney Radiological Physicians Ltd. | | | | |
| | | | | | | | 322.00 |
| Account No. xxxxxxxxxxxxx4071 Ntl Acct Srv 1246 University Av Saint Paul, MN 55104 | | - | Fifth Third Bank | | | | 740.00 |
| Account No. xxxxxxxxxxxxx2071 | T | | Fifth Third Bank | T | | | |
| Ntl Acct Srv 1246 University Av Saint Paul, MN 55104 | | - | | | | | 69.00 |
| Account No. CL03-118830003CD | ╁ | | Payday Loan | + | | | |
| PLS Financial Solutins 211 CS Larkin AVe Joliet, IL 60436 | | - | | | | | 201.40 |
| Sheet no7 of _11_ sheets attached to Schedule of | | | | Sub | tota | 1 1 | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | his | pag | e) | 1,651.06 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Shenika L Bradley | Case No. | |
|-------|-------------------|----------|--|
| _ | | Debtor | |

| | I c | I | ahand Wife laint or Community | Τ_ | 1 | <u> </u> | |
|---|----------|----------|---|-----------|--------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
| Account No. CL03-118830001CD | | | Unsecured Debt | ٦т | E | | |
| PLS Financial Solutions 211 CS larkin Ave Joliet, IL 60436 | | - | | | D | | 1,469.61 |
| Account No. | | | Medical Bill | + | | | |
| Presence Saint Joseph Medical Cente Patient Financial Services 1643 Lewis Ave, Ste 203 Billings, MT 59102-4151 | | - | | | | | 317.62 |
| Account No. | _ | | Medical Bill | + | | | |
| Professional CLinical Labortories 555 W. Court St. Suite 300 Kankakee, IL 60901 | | - | | | | | 37.34 |
| Account No. | | | Medical Bill | + | | | |
| Richmond SA svc Inc 7324 SW HWY Suite 1550 Houston, TX 77074 | | - | | | | | 64.15 |
| Account No. | | \vdash | Medical Bill | + | \vdash | | |
| Rush University Medical 75 Remittance Drive Chicago, IL 60675 | | - | | | | | 202.00 |
| Sheet no. <u>8</u> of <u>11</u> sheets attached to Schedule of | | _ | | Sub | | | 2,090.72 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | his | pag | ge) | 2,000.72 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Shenika L Bradley | Case No. | |
|-------|-------------------|----------|--|
| _ | | Debtor | |

| | Tc | Тни | sband, Wife, Joint, or Community | To | Lu | Ιn | <u> </u> |
|---|----------|-------------|---|-----------|-------------|-----------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C H M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | L | D I S P U T E D | AMOUNT OF CLAIM |
| Account No. | | | Medical Bill | ٦ | T E D | 1 | |
| Rush University Medical Group 75 Remittance Dr. Dept 1611 Chicago, IL 60675 | | - | | | | | 202.00 |
| Account No. xxxxx1262 | + | | Opened 6/10/15 Last Active 7/10/15 | + | + | + | |
| Security Fin C/o Security Finan Spartanburg, SC 29304 | | - | Unsecured | | | | 1,026.00 |
| Account No. | + | | Medical Bill | \perp | + | - | 1,020.00 |
| Silver Cross Hospital 1200 Maple Road Joliet, IL 60432 | | - | Wicalda Dill | | | | 384.02 |
| Account No. | + | \vdash | Medical Bill | + | + | - | 0002 |
| The Pedriatric Faculty Foundation PO Box 4051 Carol Stream, IL 60197 | | - | | | | | 81.00 |
| Account No. xxxx7502 | + | | Opened 1/01/14 | + | | | |
| Transworld Sys Inc/09 507 Prudential Rd Horsham, PA 19044 | | - | Collection Attorney Directv | | | | 319.00 |
| Sheet no. 9 of 11 sheets attached to Schedule of | of. | | | Sub | tot: | al | 0.0.00 |
| Creditors Holding Unsecured Nonpriority Claims | ,1 | | (Total of | | | | 2,012.02 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Shenika L Bradley | | Case No. | |
|-------|-------------------|--------|----------|--|
| _ | | Debtor | | |

| CREDITOR'S NAME, | Ç | Hu | sband, Wife, Joint, or Community | | Ç | U | D | |
|---|----------|-------------|---|------------------|----------|-------------|----------|---|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J M H | DATE CLAIM WAS INCURRED AN CONSIDERATION FOR CLAIM. IF CL IS SUBJECT TO SETOFF, SO STAT | ID AIM E. | ONTINGEN | UNLIQUIDATE | ISPUTED | AMOUNT OF CLAIM |
| Account No. xxxxxx9444 | | | 01 Columbia House Dvd | | Ť | T E D | | |
| Trident Asst 53 Perimeter Cente Atlanta, GA 30346 | | - | | | | D | | 125.00 |
| Account No. xxxx4822 | ╀ | | Opened 2/01/14 | | | | \vdash | 123.00 |
| Unique National Collec 119 E Maple St Jeffersonville, IN 47130 | | - | Collection Attorney White Oak Library Distr | ict | | | | 76.00 |
| Account No. 2015-ken-18567 | ╀ | | Unsecured Debt | | | | _ | 76.00 |
| United Rocessing Services Inc 334 Harris Hill RD Suite 210 Buffalo, NY 14221 | | - | Chiscoarea Best | | | | | 1,151.66 |
| Account No. xxxxxx1551 | ╁ | | Opened 8/01/10 | | | | | |
| University Of Phoenix 4615 E Elwood St FI 3 Phoenix, AZ 85040 | | - | Unsecured | | | | | 2,854.00 |
| Account No. xxxxxxxxxxx8581 | ┢ | | Opened 10/01/10 Last Active 8/31/15 | | | \vdash | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Us Dept Of Ed/glelsi Po Box 7860 Madison, WI 53707 | | _ | Educational | | | | | 45,698.00 |
| Sheet no10_ of _11_ sheets attached to Schedule of | | | | | l ub | tota | 1 | 10,000.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | Γ) | s Total of tl | | | | 49,904.66 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Shenika L Bradley | Case No. | |
|-------|-------------------|----------|--|
| • | | Debtor | |

| | ١. | 1 | 1 | T_ | 1 | 1. | _ | |
|--|----------|----------|---|---------|--------|---------|----------|-----------------|
| CREDITOR'S NAME, | CODEBTOR | Hu | sband, Wife, Joint, or Community | - 6 | N | DISPUTE | Ή. | |
| MAILING ADDRESS | Þ | Н | DATE CLAIM WAS INCLIDED AND | N T | ŀ | S | | |
| INCLUDING ZIP CODE, | B | W | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM | Η'n | ľ | ۱'n | | |
| AND ACCOUNT NUMBER | Ĭ | J | IS SUBJECT TO SETOFF, SO STATE. | N | Ų | Ĭ | ١. | AMOUNT OF CLAIM |
| (See instructions above.) | R | С | is subject to setory, so state. | E | ıυ | 5 | . | |
| 0504 | ┢ | ⊢ | 0 1 4/04/40 1 4 4 4 5 | NG E NT | A T | | \vdash | |
| Account No. xxxxxxxxxxxxx9581 | | | Opened 1/01/10 Last Active 8/31/15 | Ι' | Ė | | | |
| | | | Educational | \perp | D | ┺ | 4 | |
| Us Dept Of Ed/glelsi | | | | | | | | |
| Po Box 7860 | | - | | | | | | |
| Madison, WI 53707 | | | | | | | | |
| Wadison, Wi 55707 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | 9,882.00 |
| Account No. xx8485 | ┢ | \vdash | Medical | + | ╁ | + | + | |
| Account No. xx6465 | l | | IMedical | | | | | |
| | | | | | | | | |
| Vision Fin | | | | | | | | |
| 1900 W Severs Rd | | - | | | | | | |
| La Porte, IN 46350 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | 00.00 |
| | | | | | | | | 33.00 |
| Account No. | t | H | Unsecured Debt | + | T | t | \top | |
| recount ivo. | ł | | Onsecured Debt | | | | | |
| l | | | | | | | | |
| Woodforest Bank | | | | | | | | |
| 2424 jefferson St | | - | | | | | | |
| Joliet, IL 60435 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | 703.35 |
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| Account No. | | | | | | | | |
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| Account No. |] | | | | | | | |
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| | 1 | 1 | | | 1 | | 1 | |
| | l | 1 | | | 1 | | | |
| Sheet no11_ of _11_ sheets attached to Schedule of | | _ | • | Sub | tota | 1 | T | |
| | | | | | | | | 10,618.35 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | his | pag | ge) | L | |
| | | | | n | Γota | al | | |
| | | | /D | | | | 1 | 76,938.53 |
| | | | (Report on Summary of Se | enec | ulle | es) | L | . 0,000.00 |

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B6G (Official Form 6G) (12/07)

| In re | Shenika L Bradley | Case No | |
|-------|-------------------|----------|--|
| - | <u> </u> | Debtor , | |

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

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B6H (Official Form 6H) (12/07)

| In re | Shenika L Bradley | Case No | |
|-------|-------------------|----------|--|
| - | | Debtor , | |

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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| Fill | in this information to identify your c | 200 | | | | 1 | | | |
|------|--|----------------------------|---|-----------|---------------------------|---|-------------------------------|----------------------------------|----------|
| | otor 1 Shenika L Bı | | | | | | | | |
| | otor 2 puse, if filing) | | | | _ | | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | |
| | se number nown) | | | | | Check if this is An amende A supplement 13 income | ed filing ent showing | ı post-petitior llowing date: | |
| 0 | fficial Form B 6I | | | | | MM / DD/ Y | /YYY | | |
| S | chedule I: Your Inc | ome | | | | | | | 12/13 |
| spo | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. T1: Describe Employment Fill in your employment | ır spouse is not filing w | ith you, do not inclu onal pages, write yo | de infor | mat | ion about your sp d case number (if | ouse. If mo known). A | ore space is nswer every | needed, |
| | information. | | Debtor 1 | | | | Debtor 2 or non-filing spouse | | |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status | ■ Employed □ Not employed | | ☐ Employed ☐ Not employed | | | | |
| | Include part-time, seasonal, or self-employed work. | Occupation Employer's name | Joliet Jobs Corp | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 1101 Mills RD Joliet, IL 60432 | | | | | | |
| | | How long employed t | here? 7 Years | | | | | | |
| Par | Give Details About Mon | nthly Income | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to re | eport for | any | line, write \$0 in the | e space. Inc | clude your no | n-filing |
| | u or your non-filing spouse have me e space, attach a separate sheet to | | ombine the informatio | n for all | emp | loyers for that pers | on on the lir | nes below. If | you need |
| | | | | | | For Debtor 1 | For Deb | tor 2 or ig spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 2,253.33 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | 2,253.33 | \$ | N/A | |

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| Debt | tor 1 | Shenika L Bradley | | Ca | se number (if known) | | | |
|------|---|--|------------|------------|----------------------|----------|---------------------------|------------------|
| | 0 | | 4 | | for Debtor 1 | non-f | Debtor 2 or filing spouse | |
| _ | | y line 4 here | 4. | \$ | 2,253.33 | \$ | N/A | _ |
| 5. | | all payroll deductions: | | • | 000.44 | Φ. | N1/A | |
| | 5a. 5b. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans | 5a. 5b. | \$ \$ | | \$ | N/A N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | | \$ | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | | | \$ | N/A | _ |
| | 5e. | Insurance | 5e. | \$ | | \$ | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | \$ | | \$ | N/A | _ |
| | 5g. | Union dues | 5g. | | | \$ | N/A | _ |
| | 5h. | Other deductions. Specify: Dental | _ 5h | + \$ \$ | | · - | N/A | _ |
| | | UNMD Vision | _ | Ф \$ | | \$ | N/A N/A | _ |
| 6. | Δdd | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | - 6. | \$ | 536.68 | \$ | N/A | - |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 1,716.65 | \$ | N/A | - |
| 8. | | all other income regularly received: | | Ψ | 1,710.03 | Ψ | | - |
| 0. | 8a. | Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | N/A | |
| | 8b. | Interest and dividends | 8b. | | | \$ | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | | | \$ | N/A | _ |
| | 8d. 8e. | Unemployment compensation Social Security | 8d. 8e. | \$ \$ | | \$ | N/A | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | \$ | | \$ \$ | N/A | - |
| | 8g. | Pension or retirement income | _ 8g. | \$ | 0.00 | \$ | N/A | _ |
| | 8h. | Other monthly income. Specify: | _ 8h | + \$ | 0.00 | + \$ | N/A | _ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 433.34 | \$ | N/A | Δ |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | S | 2,149.99 + \$_ | | N/A = \$ | 2,149.99 |
| 11. | State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: | | | | | | | |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | 12. \$ | 2,149.99 |
| 13. | Do | ou expect an increase or decrease within the year after you file this form | ? | | | | Combii monthl | ned ly income |
| | | No. Yes. Explain: | | | | | | |

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| — … | in the inter | | - | | | | | |
|------------|--|---|----------------------------|---|---|------------|-----------------------|---|
| FIII | in this informa | ation to identify y | our case: | | | | | |
| Deb | otor 1 | Shenika L Br | adley | | | Ch | eck if this is: | |
| l | | | | | | | An amended filing | |
| | otor 2 | | | | | | | wing post-petition chapter the following date: |
| (Sp | ouse, if filing) | | | | | | 13 expenses as or | the following date. |
| Unit | ted States Bankı | ruptcy Court for the: | NORTH | ERN DISTRICT OF ILLIN | OIS | | MM / DD / YYYY | |
| Cas | se number | | | | | | A separate filing for | or Debtor 2 because Debto |
| (If k | known) | | | | | | 2 maintains a sepa | |
| Ω | fficial Fo | rm B 6J | | | | | | |
| | | | _ Evnon | | | | | 40/4 |
| | | J: Your | | | | | | 12/1 |
| info | ormation. If m | nore space is ne n). Answer ever | eeded, atta ry question | If two married people and the short of this of the short | | | | |
| Par 1. | rt 1: Describe Descri | ribe Your House nt case? | hold | | | | | |
| | ■ No. Go to | o line 2. | | ete haveahald2 | | | | |
| | | | ın a separa | ate household? | | | | |
| | | | st file a sep | parate Schedule J. | | | | |
| 2. | Do you hav | e dependents? | □ No | | | | | |
| | Do not list D and Debtor | | Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state dependents | | | | Son | | 2 | □ No ■ Yes |
| | | | | | Son | | 13 | □ No |
| | | | | | 3011 | | | ■ Yes □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| 3. | expenses o | penses include of people other t d your depende | han 🗖 | No Yes | | | | |
| _ | | | | _ | | | | |
| Est | timate your ex | | our bankrı | uptcy filing date unless y | | | | apter 13 case to report of the form and fill in the |
| | | s naid for with | non-cash | government assistance i | f you know | | | |
| the | | h assistance an | | cluded it on Schedule I: | | | Your exp | enses |
| 4. | | or home owners | | ses for your residence. I | nclude first mortgage | e 4. | \$ | 450.00 |
| | If not include | ded in line 4: | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. | \$ | 0.00 |
| | | erty, homeowner's | s. or renter | 's insurance | | 4a. 4b. | · | 0.00 |
| | • | • | | ıpkeep expenses | | 4c. | · | 0.00 |
| | | owner's associa | • | | | 4d. | · | 0.00 |
| 5. | Additional i | mortgage payme | ents for vo | our residence, such as ho | me equity loans | 5. | \$ | 0.00 |

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| Debtor 1 | Shenika | L Bradley | Case num | ber (if known) | |
|-----------------|-----------------------------|--|--------------|----------------|-----------------------------|
| 6. Uti l | lities: | | | | |
| 6a. | | heat, natural gas | 6a. | \$ | 200.00 |
| 6b. | - | wer, garbage collection | 6b. | · - | 0.00 |
| 6c. | • | e, cell phone, Internet, satellite, and cable services | 6c. | | 90.00 |
| 6d. | | | 6d. | * | _ |
| | | ecify: Cable/Internet | | · | 120.00 |
| | | ekeeping supplies | 7. | · | 400.00 |
| - | | hildren's education costs | 8. | \$ | 40.00 |
| | - | ry, and dry cleaning | 9. | - | 150.00 |
| 10. Pe r | rsonal care p | roducts and services | 10. | \$ | 50.00 |
| 11. Me | edical and de | ntal expenses | 11. | \$ | 25.00 |
| | | Include gas, maintenance, bus or train fare. | | • | 450.00 |
| | not include ca | | 12. | · | 150.00 |
| | | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 14. Ch a | aritable cont | ributions and religious donations | 14. | \$ | 0.00 |
| 15. Ins | surance. | | | | |
| Do | not include in | surance deducted from your pay or included in lines 4 or 20. | | | |
| 15a | a. Life insura | nce | 15a. | · | 0.00 |
| 15b | b. Health ins | urance | 15b. | \$ | 0.00 |
| 150 | c. Vehicle ins | surance | 15c. | \$ | 76.00 |
| 150 | d. Other insu | rance. Specify: | 15d. | \$ | 0.00 |
| | | clude taxes deducted from your pay or included in lines 4 or 20. | | | |
| | ecify: | oraco tantos acuacitos nom your pay or moracos m miso . c. 20. | 16. | \$ | 0.00 |
| | - | ease payments: | | | |
| 17a | a. Car payme | ents for Vehicle 1 | 17a. | \$ | 388.90 |
| 17b | b. Car payme | ents for Vehicle 2 | 17b. | \$ | 0.00 |
| 170 | c. Other. Spe | ecifv: | 17c. | \$ | 0.00 |
| | d. Other. Spe | | 17d. | · | 0.00 |
| | • | of alimony, maintenance, and support that you did not report as | | · | |
| | | your pay on line 5, Schedule I, Your Income (Official Form 6I). | 18. | \$ | 0.00 |
| | | s you make to support others who do not live with you. | | \$ | 0.00 |
| | ecify: | , | 19. | | |
| | , | erty expenses not included in lines 4 or 5 of this form or on Scho | edule I: Y | our Income. | |
| | | s on other property | 20a. | | 0.00 |
| | b. Real estat | • • • | 20b. | | 0.00 |
| | | nomeowner's, or renter's insurance | 20c. | · | 0.00 |
| | | ice, repair, and upkeep expenses | 20d. | | 0.00 |
| | | er's association or condominium dues | 20a. 20e. | · | |
| | | or a association or condominatin dues | | · | 0.00 |
| i. Otr | her: Specify: | | 21. | +\$ | 0.00 |
| 22. Yo ı | ur monthly e | xpenses. Add lines 4 through 21. | 22. | \$ | 2,139.90 |
| | • | r monthly expenses. | | | |
| | | monthly net income. | | | |
| | | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,149.99 |
| | | monthly expenses from line 22 above. | 23b. | · | 2,139.90 |
| 200 | | | 200. | | 2,100.00 |
| 230 | c. Subtract v | our monthly expenses from your monthly income. | | | |
| 200 | | is your monthly net income. | 23c. | \$ | 10.09 |
| For mod | you expect a example, do yo | an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect your naterms of your mortgage? | ou file this | s form? | se or decrease because of a |
| | | | | | |
| ⊨xp | plain: | | | | |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Northern District of Illinois

| In re | Shenika L Bradley | | | Case No. | | | | | | |
|---|--|-----------|--|----------|---|--|--|--|--|--|
| | | | Debtor(s) | Chapter | 7 | | | | | |
| | DECLARATION CONCERNING DEBTOR'S SCHEDULES | | | | | | | | | |
| DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR | | | | | | | | | | |
| | I declare under penalty of perjury of28 sheets, and that they are true and | | 0 0 | • | | | | | | |
| Date | September 8, 2015 | Signature | /s/ Shenika L Bradley Shenika L Bradley Debtor | | | | | | | |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

United States Bankruptcy Court Northern District of Illinois

| In re | Shenika L Bradley | | Case No. | |
|-------|-------------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE
\$18,000.00 2015 YTD: Debtor Estimated Income Wages
\$19,000.00 2014: Debtor Estimated Income Wages
\$19,000.00 2013: Debtor Estimated Income Wages

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$3,200.00 2015 YTD: Debtor Estimated Child Support

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AMOUNT SOURCE

\$5,200.00 2014: Debtor Estimated Child Support \$5,200.00 2013: Debtor Estimated Child Support

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CREDITOR
DATES OF
PAYMENTS
AMOUNT PAID
OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATES OF PAID OR
PAYMENTS/ VALUE OF AMOUNT STILL
NAME AND ADDRESS OF CREDITOR TRANSFERS TRANSFERS OWING

None

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT NATURE OF COURT OR AGENCY STATUS OR AND CASE NUMBER PROCEEDING AND LOCATION DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY

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10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,

RELATIONSHIP TO DEBTOR

John Patrick 1405 N May Joliet, IL 60435 Boy Friend

DATE 2013

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED Sold 2002 Chevrolet Trail Blazer for \$2500.00, but never got around to transferring the title over.

None

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

> TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER. AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

NAME AND ADDRESS OF INSTITUTION

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

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15. Prior address of debtor

None

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF **ENVIRONMENTAL** SITE NAME AND ADDRESS

GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF **ENVIRONMENTAL** DATE OF

SITE NAME AND ADDRESS **GOVERNMENTAL UNIT** NOTICE LAW

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which None

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

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18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six **years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

BEGINNING AND NATURE OF BUSINESS **ENDING DATES**

None

NAME

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

ADDRESS NAME

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

None

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME **ADDRESS** DATES SERVICES RENDERED

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

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20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

None

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

21 . Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NAME AND ADDRESS

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

None

ADDRESS

DATE OF WITHDRAWAL

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

–

TITLE

DATE OF TERMINATION

23 . Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date September 8, 2015
Signature /s/ Shenika L Bradley
Shenika L Bradley
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

United States Bankruptcy Court Northern District of Illinois

| | | Northern Di | strict of minions | | |
|-------------------|---|----------------------------|---|----------------------------------|-----------------------------------|
| In re | Shenika L Bradley | | | Case No. | |
| | | | Debtor(s) | Chapter | 7 |
| | CHAPTER 7 INI | DIVIDUAL DEBTO | OR'S STATEMENT | OF INTEN | TION |
| PART A | A - Debts secured by property of property of the estate. Attach as | | | ted for EAC . | H debt which is secured by |
| Troperty | y 140. 1 | | | | |
| | or's Name: rn Automotive Fi | | Describe Property S 2011 Chevrolet Malib | | |
| Property | y will be (check one): | | | | |
| | Surrendered | ■ Retained | | | |
| | ning the property, I intend to (check Redeem the property | at least one): | | | |
| l | Reaffirm the debt Other. Explain | (for example, av | oid lien using 11 U.S.C | . § 522(f)). | |
| Property | y is (check one): | | | | |
| | Claimed as Exempt | | ■ Not claimed as exe | empt | |
| | 3 - Personal property subject to unexdditional pages if necessary.) y No. 1 | expired leases. (All three | e columns of Part B mu | st be complete | ed for each unexpired lease. |
| Lessor' -NONE- | s Name: | Describe Leased Pr | operty: | Lease will be U.S.C. § 365 ☐ YES | e Assumed pursuant to 11 5(p)(2): |
| persona | e under penalty of perjury that th I property subject to an unexpired September 8, 2015 | | intention as to any project of the state of | operty of my | estate securing a debt and/o |
| | | | Debtor | | |

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United States Bankruptcy Court Northern District of Illinois

| In r | e Shenika L Bra | dley | | | | | Case No. | | |
|---|--|---------|--------------------|---------------------|---|----------------------------------|----------------|--------------------|----------------------------|
| | | | | | Debtor(s) | | Chapter | 7 | |
| | DIS | SCLO | OSURE OF | COMPENS | SATION OF A | ATTORNEY | FOR DE | EBTOR(S) | |
| 1. | Pursuant to 11 U.S.0 compensation paid t be rendered on beha | o me v | within one year b | efore the filing of | of the petition in ba | ankruptcy, or agree | ed to be paid | to me, for service | that ees rendered or to |
| | For legal service | es, I h | ave agreed to acc | cept | | \$ | | 1,400.00 | |
| | Prior to the fili | ng of t | his statement I ha | ave received | | \$ | | 0.00 | |
| | Balance Due | | | | | \$ | | 1,400.00 | |
| 2. | The source of the co | mpens | sation paid to me | was: | | | | | |
| | Debtor | | Other (specify): | : | | | | | |
| 3. | The source of compo | ensatio | on to be paid to n | ne is: | | | | | |
| | Debtor | | Other (specify): | : | | | | | |
| 4. | ■ I have not agree | d to sh | nare the above-di | sclosed compen | sation with any oth | ner person unless th | ney are mem | bers and associat | tes of my law firm. |
| | ☐ I have agreed to copy of the agre | | | | on with a person or s of the people shar | | | | my law firm. A |
| 5. | In return for the abo | ve-dis | sclosed fee, I hav | e agreed to rend | ler legal service for | all aspects of the | bankruptcy c | ease, including: | |
| a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;d. [Other provisions as needed] | | | | | | | | | |
| 6. | By agreement with t | he det | otor(s), the above | -disclosed fee d | loes not include the | following service | : | | |
| | | | | - | CERTIFICATIO | N | | | |
| this | I certify that the fore bankruptcy proceeding | | is a complete sta | itement of any a | greement or arrang | ement for paymen | t to me for re | presentation of t | the debtor(s) in |
| Date | ed: September 8 | , 2015 | 5 | | /s/ Josep | h Weiler | | | |
| | | | | | | Veiler 6301154 //RAD LAW FIRN | 4 LLC | | |
| | | | | | 20 S. Cla | | ii, LLC | | |
| | | | | | 28th Floo | | | | |
| | | | | | | IL 60603 3 0625 Fax: (31: | 2) 913 0631 | | |
| | | | | | rsemrad@ | @semradlaw.con | n . | | |

CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1,400.00 attorney fees plus any necessary postpetition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr.
Adding additional bills \$30.00
Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

- 1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or
- 1. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign

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the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee of to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: 09/08/15

Client

.

Initial: $\sqrt{8B}$ 9/8/5

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy forms.html#procedure.

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B 201B (Form 201B) (12/09)

United States Rankruntey Court

| | | thern District of Illinois | .11 t | |
|------------------------------|--|---|---------------------|------------------------------|
| In re | Shenika L Bradley | | Case No. | |
| | | Debtor(s) | Chapter | 7 |
| | | NOTICE TO CONSUM OF THE BANKRUPTO | | (S) |
| Code. | C I (We), the debtor(s), affirm that I (we) have red | ertification of Debtor ceived and read the attached no | tice, as required b | y § 342(b) of the Bankruptcy |
| Shenika L Bradley | | X /s/ Shenika L B | radley | September 8, 2015 |
| Printed Name(s) of Debtor(s) | | Signature of De | ebtor | Date |
| Case No. (if known) | | X | | |
| | | Signature of Jo | int Debtor (if any) | Date |
| | | | | |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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United States Bankruptcy CourtNorthern District of Illinois

| | | 1 torthern District or Immors | | |
|-------|--|---|------------------------|-----------------------|
| In re | Shenika L Bradley | | Case No. | |
| | | Debtor(s) | Chapter 7 | |
| | | | | |
| | VE | RIFICATION OF CREDITOR M | IATRIX | |
| | | Number of | Creditors: | 58 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit | tors is true and corre | ect to the best of my |
| Date: | September 8, 2015 | /s/ Shenika L Bradley Shenika L Bradley Signature of Debtor | | |

| A/r Conceptase 15-30667 Doc 1 18-3 E Dundee Rd Barrington, IL 60010 | Filed: 109/08/1501 Entered: 109/08/15 15 PODE in Fine Page 51 of 52 Kankakee, IL 60901 | 5:28:58ncpescquamery Corp Attention: Client Servic 8014 Bayberry Rd Jacksonville, FL 32256 |
|--|--|---|
| A/r Concepts 18-3 E Dundee Rd Barrington, IL 60010 | Creditors Collection B 755 Almar Pkwy Bourbonnais, IL 60914 | Enhanced Recovery Corp Attention: Client Servic 8014 Bayberry Rd Jacksonville, FL 32256 |
| Asset Recovery 2200 E Devon Ste 200 Des Plaines, IL 60018 | Creditors Collection B 755 Almar Pkwy Bourbonnais, IL 60914 | Enhanced Recovery Corp Attention: Client Servic 8014 Bayberry Rd Jacksonville, FL 32256 |
| Associated Radiologists of J 6801 W 73rd St # 637 Bedford Park, IL 60499 | 755 Almar Pkwy | Eos Cca Po Box 981008 Boston, MA 02298 |
| BMI Surgery 1890 Silver Cross BLVD Suite 260 New Lenox, IL 60451 | Creditors Collection B 755 Almar Pkwy Bourbonnais, IL 60914 | Hsbc/tax Po Box 9068 Brandon, FL 33509 |
| BMI Surgery 1890 Silver Cross BLVD Suite 260 New Lenox, IL 60451 | Creditors Collection Bureau P.O. Box 63 Kankakee, IL 60901-0063 | lockport Fire Protection PO Box 457 Wheeling, IL 60090 |
| | Credtrs Coll Pob 63 Kankakee, IL 60901 | Med Business Bureau Po Box 1219 Park Ridge, IL 60068 |
| Comenity Bank/Torrid Attention: Bankruptcy Po Box 182125 Columbus, OH 43218 | EM Strategies PO Box 366 Hinsdale, IL 60522 | Med Business Bureau Po Box 1219 Park Ridge, IL 60068 |
| Comenity Bank/vctrssec Po Box 182789 Columbus, OH 43218 | EMP of Will County PO Box 637527 Cincinnati, OH 45263 | Med Business Bureau Po Box 1219 Park Ridge, IL 60068 |
| Credit Management Syst 7017 John Deere Pkwy Moline, IL 61265 | EMP of Will County PO Box 637527 Cincinnati, OH 45263 | Med Business Bureau Po Box 1219 Park Ridge, IL 60068 |

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Po Box 1219 Park Ridge, IL 60068 1643 Lewis Ave, Ste 203 Atlanta, GA 30346
Billings, MT 59102-4151 Med Business Bureau Professional CLinical Laborto Miesque National Collec Po Box 1219 555 W. Court St. Suite 300 119 E Maple St Park Ridge, IL 60068 Kankakee, IL 60901 Jeffersonville, IN 47130 Med Business Bureau Richmond SA svc Inc United Rocessing ServiceI 7324 SW HWY 334 Harris Hill RD Suite 1550 Suite 210 Houston, TX 77074 Buffalo, NY 14221 Meridian Medical Associates Rush University Medical University Of Phoenix 2100 Glenwood Ave 75 Remittance Drive 4615 E Elwood St Fl 3 Joliet, IL 60435 Chicago, IL 60675 Phoenix, AZ 85040 NCO Financial Systems Inc 507 Prudential Road 75 Remittance Dr. Dept 1611 Po Box 7860 Chicago, IL 60675 Madison, WI 53707 Northwest Collectors Security Fin Us Dept Of Ed/glelsi 3601 Algonquin Rd Ste 23 C/o Security Finan Po Box 7860 Rolling Meadows, IL 60008 Spartanburg, SC 29304 Madison, WI 53707 Ntl Acct Srv Silver Cross Hospital Vision Fin 1246 University Av 1200 Maple Road 1900 W Severs Rd Saint Paul, MN 55104 Joliet, IL 60432 La Porte, IN 46350 Ntl Acct Srv 1246 University Av Ntl Acct Srv Southern Automotive Fi Woodforest Bank 1246 University Av 6700 N Andrews Ave Ste 5 2424 jefferson St Saint Paul, MN 55104 Fort Lauderdale, FL 33309 Joliet, IL 60435 PLS Financial Solutins The Pedriatric Faculty Foundation 211 CS Larkin AVe PO Box 4051 Joliet, IL 60436 Carol Stream, IL 60197

PLS Financial Solutions 211 CS larkin Ave 507 Prudential Rd Horsham, PA 19044

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